

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97028** (2)

1. Corporation Name

PAUL V. CLOUGH, P.A.



Principal Place of Business

**1860 N PINE ISLAND RD
104
PLANTATION FL 33322-5234
US**

Mailing Address

**1860 N PINE ISLAND RD
104
PLANTATION FL 33322-5234
US**

3. Date Incorporated or Qualified
11/26/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0303899

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLOUGH, PAUL V.
6211 MW 18 COURT
SUNRISE FL 33313**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (last name, first name, and title) of applicant

Signature typed or printed (last name, first name, and title) of registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**PD
CLOUGH, PAUL V.
6211 NW 18TH CT
SUNRISE FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

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SIGNATURE: *Paul V. Clough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

25 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

35 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

45 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

55 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

65 TITLE

72 NAME

73 STREET ADDRESS

74 CITY- ST- ZIP

75 TITLE

82 NAME

83 STREET ADDRESS

84 CITY- ST- ZIP

85 TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5/1/96 954-370-1170

CR2E034 (12/95)